

<b>Case Number:</b>	CM15-0107892		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67 year old female, who sustained an industrial injury on 09/21/2010. The injured worker is currently permanent and stationary with no heavy lifting and no repeated bending or stooping. The injured worker is currently diagnosed as having low back pain and inconsistent urine drug screen. Treatment and diagnostics to date has included lumbar spine MRI which showed severe spinal stenosis with disc herniation, recent inconsistent urine drug screen, physical therapy, massage therapy, electromyography/nerve conduction velocity studies demonstrated left L5 and bilateral S1 nerve root dysfunction, and medications. In a progress note dated 05/05/2015, the injured worker presented with complaints of chronic low back pain. Objective findings include diffuse pain over the lumbar paraspinals with spasms and decreased range of motion. The treating physician reported requesting authorization for urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 04/06/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are low back pain; and history of inconsistent urine drug screen. The injured worker's last urine drug toxicology screen was dated May 5, 2015. The result was consistent with the injured worker's medications. The request for authorization dated May 11, 2015 was for a urine drug toxicology screen. The utilization review provider initiated a peer-to-peer conference call with the provider. A clinical staffer responded the injured worker was a low risk for drug misuse or abuse. There is no clinical indication or rationale to repeat the urine drug toxicology screen based on the available documentation. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Each worker was deemed a low risk for drug misuse. Consequently, absent clinical documentation with evidence of aberrant drug-related behavior, drug misuse or abuse of a clinical indication and rationale to repeat the urine drug toxicology screen two months after a consistent urine drug toxicology screen, urine drug testing is not medically necessary.